MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030161 STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7651

FILED AUG 1 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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DATE AMENDED — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

PHILLIS

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): ST. LOUIS, MO.
Length of stay in 1b: 6 days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. LOUIS CITY HOSP. #1.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St.Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5113 a S.Broadway
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) — First: JOSEPH — Middle: C. — Last: KOENEN

4. DATE OF DEATH — Month: 7 — Day: 22 — Year: 63

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 6-24-1883

9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shipping Clerk-Retired

10b. KIND OF BUSINESS OR INDUSTRY: A.E.Schmidt Supply Co.

11. BIRTHPLACE (City and state or country): St.Louis,Mo.

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Joseph Koenen

13b. MOTHER'S MAIDEN NAME: Catherine Bott

14. NAME OF HUSBAND OR WIFE: Magdalen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi…): No

16. SOCIAL SECURITY NO.

17. INFORMANT — Address: Warren J.Koenen 5100 a S.Broadway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia - Staphlococcus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Hemorrhage
331x
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY — Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 7 16 63, to 7 22 63 and last saw her/him alive on 7 22 63
Death occurred at 8:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Richard L. Phillis MD

22b. ADDRESS: 1515 LAFAYETTE AVE.

22c. DATE SIGNED: 7 22 63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 7-26-1963

23c. NAME OF CEMETERY OR CREMATORY: Mt.Hope Cemetery

23d. LOCATION (City, town, or county) (State): 1215 Lemay Ferry Rd.Lemay,Mo.

24. FUNERAL DIRECTOR — ADDRESS: C.Hoffmeister Mortuaries 7814 S.Broadway

25. DATE RECD. BY LOCAL REG.: JUL 25 1963

26. REGISTRAR'S SIGNATURE: Carl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed James C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.